

My residence, post office address and citizenship are as stated below next to my name.

# METHOD AND SYSTEM FOR CREATION OF AN INTEGRATED MEDICAL RECORD VIA A COMMUNICATIONS COMPUTER NETWORK

(check one)       x       is attached hereto.  
\_\_\_\_\_ was filed on \_\_\_\_\_ as  
Application Serial No. \_\_\_\_\_,  
and was amended on \_\_\_\_\_.  

(if applicable)

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: N/A.

Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

<u>60/199,412</u>	<u>April 24, 2000</u>
Application Number	Filing Date

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a).which occurred between the filing date of the prior application and the national or PCT international filing date of this application: N/A

(Serial No.)	(Filing Date)	(Status)
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I do hereby appoint Paul M. Denk, Patent Office registration No. 22,598, with offices at 763 South New Ballas Road, St. Louis, Missouri 63141, Tel. No. (314) 872-8136, as my attorney and agent with full power of substitution and revocation, to prosecute the application above set forth, and to transact all business in the United States Patent and Trademark Office in connection therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Applicant or Patentee: John B. Costello Attorney's  
Serial or Patent No. \_\_\_\_\_ Docket  
Filed or Issued: \_\_\_\_\_ No 7152  
For: "Method and System for Creation of an Integrated Medical Record Via  
a Communications Computer Network".

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9 (f) and 1.27 (b) ) - INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled :

"Method and System for Creation of an Integrated Medical Record Via  
a Communications Computer Network".

described in

- (x) the specification filed herewith  
( ) application Serial No. \_\_\_\_\_, filed \_\_\_\_\_..  
( ) Patent No. \_\_\_\_\_, issued \_\_\_\_\_.

I have not assigned, granted, conveyed, or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ( ) no such person, concern, or organization.  
( ) persons, concerns or organizations listed below\*

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

( ) INDIVIDUAL ( ) SMALL BUSINESS CONCERN ( ) NONPROFIT  
ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b) )

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

John B. Costello  
Name of Inventor

\_\_\_\_\_  
Name of Inventor

\_\_\_\_\_  
Name of Inventor

  
Signature of Inventor

\_\_\_\_\_  
Signature of Inventor

\_\_\_\_\_  
Signature of Inventor

4-18-01  
Date

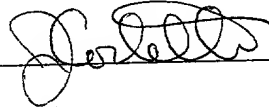
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Full name of sole inventor:

John B. Costello

Inventor's signature:



Date:

4-18-01

Residence:

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State of Missouri

Citizenship:

U.S.A.

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TELETYPE